

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Ambulance Providers
ITA Providers
Managed Care Plans

Memorandum No: 05-35 MAA

Issued: June 28, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Ambulance and Involuntary Treatment Act (ITA) Transportation: Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will update the Ambulance Transportation Fee Schedule with the one (1.0) percent Vendor Rate Increase (VRI) appropriated by the Legislature for the 2006 state fiscal year.

After consultation with the Washington Ambulance Association (WAA) and other ambulance providers, MAA will apply the amount appropriated for the ambulance VRI to ground ambulance base rates and air ambulance liftoff fees only. Rates for all other ambulance procedure codes will remain at their current level.

There is no VRI for providers of Involuntary Treatment Act (ITA) transportation services.

Maximum Allowable Fees

The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year. For MAA's Ambulance Transportation Program, the appropriated amount is being applied only to the following eight procedure codes:

Air Ambulance:	A0430 and A0431
Ground Ambulance:	A0428, A0429, A0426, A0427, A0433, and A0434

All other rates are unchanged.

Attached are updated replacement pages G.1–G.2 for MAA's current *Ambulance and Involuntary Treatment Act (ITA) Transportation Billing Instructions*.

Bill MAA your usual and customary charge. Reimbursement will be the lower of the billed charge or the maximum allowable fee.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA's Provider Issuances

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Fee Schedule

Air Ambulance

MAA considers all air transports to be ALS. This is taken into consideration in the rates. There is no separate reimbursement for equipment and supplies such as incubators, dressings, or oxygen tanks. The base rate (lift-off fee) includes these costs.



Note: The need for air ambulance transport must be clearly documented in the ambulance provider's records.

Base Rate

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0430	Ambulance service, conventional air services, transport, one way (fixed wing) Per client transported.	\$884.02
A0431	Ambulance service, conventional air services, transport, one way (rotary wing) Per client transported.	752.85

Mileage

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0435	Fixed wing air mileage, per statute mile One way, per flight, equally divided by the number of clients transported.	\$5.50/ air mile
A0436	Rotary wing air mileage, per statute mile One way, per flight, equally divided by the number of clients transported.	13.31/ air mile

MAA conducts post-pay reviews. MAA may determine that ground ambulance transport would have been sufficient, based on information available at the time of service. If this happens, MAA pays the rate for ALS ground service, unless the provider can justify the use of air ambulance.

Ground Ambulance

Modifiers are required on all codes. See Modifiers, page F.4, for descriptions.

Basic Life Support (BLS)

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0428	Ambulance service, basic life support, non-emergency transport (BLS) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	\$115.34
A0429	Ambulance service, basic life support, emergency transport (BLS-emergency) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	115.34

Advanced Life Support (ALS)

Procedure Code	Description	Maximum Allowable Fee 7/1/05
A0426	Ambulance service, advanced life support non-emergency transport, level 1 (ALS 1). Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	\$168.43
A0427	Ambulance service, advanced life support, emergency transport, level 1 (ALS 1 emergency) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43
A0433	Advanced life support, level 2 (ALS 2). Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43
A0434	Specialty care transport (SCT) Origin and destination modifiers required. For each additional client, use modifier GM in addition to the origin and destination modifiers.	168.43